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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/829,250-Conf. #8196
		Filing Date	April 22, 2004
		First Named Inventor	Noriaki HATTORI
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	1254-0281PUS1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney and New Power of Attorney
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP		
Signature			
Printed name	Mark U. Nuell, Ph.D.		
Date	October 12, 2005	Reg. No.	36,623



Docket No.: 1254-0281PUS1
(PATENT)

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Noriaki HATTORI et al.

Application No.: 10/829,250

Confirmation No.: 8196

Filed: April 22, 2004

Art Unit: N/A

For: LUCIFERASE AND METHODS FOR
MEASURING INTRACELLULAR ATP
USING THE SAME

Examiner: Not Yet Assigned

**REVOCATION OF POWER OF ATTORNEY
AND NEW POWER OF ATTORNEY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The undersigned having, on or about June 21, 2000, appointed Oblon, Spivak, McClelland, Maier & Neustadt, P.C. of **1940 Duke Street, Alexandria, Virginia 22314** as our attorney to prosecute an application for Letters Patent, which application was filed on April 22, 2004, for an invention entitled LUCIFERASE AND METHODS FOR MEASURING INTRACELLULAR ATP USING THE SAME, Application No. 10/829,250, hereby revokes the Power of Attorney then given, and hereby appoints the following attorneys and/or agents to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected herewith:

All practitioners at Customer Number 02292.

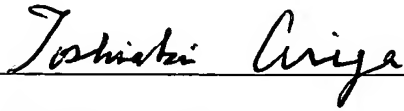
Application No.: 10/829,250

Docket No.: 1254-0281PUS1

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Dated: October 3, 2005

Toshiaki Ariga
General Manager of Intellectual
Property Department



PTO/SB/81 (04-05)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/829,250-Conf. #8196
	Filing Date	April 22, 2004
	First Named Inventor	Noriaki HATTORI
	Title	LUCIFERASE AND METHODS FOR MEASURING INTRACELLULAR ATP USING
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	1254-0281PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 02292

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Toshiaki Ariga</i>	Date	October 3, 2005
Name	Toshiaki Ariga	Telephone	
Title and Company	General Manager of Intellectual Property Department		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.